Department of LABOR AND INDUSTRIES

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PROVIDER BULLETIN

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THIS ISSUE

Utilization Review Program Description and Changes

TO:
Ambulatory Surgery Centers
Medical Physicians
Physician Assistants
ARNPs
Osteopathic Physicians
Podiatric Physicians
Hospitals
Clinics
Pain Clinics

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Purpose

This Provider Bulletin describes the Department's Utilization Review (UR) Program and announces changes to the program.

- Due to the positive evaluation of the Utilization Review Simplification Pilot Study, (PB 05-09) L&I has decided to incorporate findings from the pilot into the UR program.
  - Providers with consistent approval recommendations from the L&I's utilization vendor will have reduced UR requirements.
- UR vendor, Qualis Health, has announced a secure electronic method to request a review.
- This bulletin replaces PB 02-04 and PB 05-09

Changes are effective November *1, 2006*
This applies to State Fund claims only

Utilization Review Program Description

The Department's contracted UR program began in 1988. The Department defines UR as the process of comparing requests for medical services ("utilization") to guidelines or criteria that are deemed appropriate for such services, and includes the preparation of a recommendation based on that comparison. The UR program applies to both physicians and facilities. The Office of the Medical Director (OMD) manages the contract with the Department's UR vendor and monitors the quality of reviews by the UR vendor. The goal of the UR program is to support the agency's mission to purchase only proper and necessary care for injured workers.

The current contracted UR vendor is Qualis Health. They provide UR services from their Seattle area location. Qualis Health uses the Department's Medical Treatment Guidelines. Guidelines are available at http://www.lni.wa.gov/ClaimsIns/Providers/Treatment/TreatGuide/default.asp. When there are no Department Medical Treatment Guidelines available, Qualis Health utilizes InterQaul criteria in the review process. Initial clinical review is conducted by a registered nurse. If the request does not meet guidelines or criteria, it is referred for physician review. If the physician reviewer is unable to recommend approval, the requesting physician will be offered the opportunity to discuss the case with the physician reviewer. Qualis Health recommendations are then communicated to the Department's claim managers.

All final decisions on authorization are made by the claim manager.

Services that require Utilization Review

Inpatient:

All inpatient hospitalizations require UR by Qualis Health except inpatient chemical dependency treatment and sub-acute stays, such as skilled nursing facility, transitional care unit or other setting that is not an acute care stay. Providers should contact the Department directly for authorization for chemical dependency and sub-acute care.

Outpatient:

Selected outpatient surgical procedures and services require UR. Table I lists procedures that require Qualis review. Some procedures/ services may not require UR, but would still need to be authorized by claim managers. Procedures may be added or deleted from the list as codes change, and claim managers may request reviews for specific services / procedures not listed.

Change to UR Program

The Department conducted a UR Simplification Pilot Study (PB 05-09) from July 2005 to June 2006. The study demonstrated that reduced UR requirement for providers who had consistent UR approval recommendations did not increase utilization of unauthorized services. Providers were benefited with less administrative burden and quicker surgical authorization. This reduced requirement is no longer a pilot; rather it is now considered a part of the UR Program. The reduced requirement applies to most outpatient surgeries.

Which providers are affected by this change?

Providers with at least 10 UR request and with 100% UR approval recommendations for a one year period will be added to the Group A provider list and be exempt from some UR requirements. These providers will not be required to submit clinical information, chart notes or diagnostic reports to Qualis for most outpatient surgeries.

How will Group A providers be selected?

- In August each year the Group A list will be updated.
  - Providers with ten or more UR request during January through December and who had 100% UR approval will be added to Group A
  - Providers that have received UR denial recommendations or who are found on retrospective audit to not meet either L&I's Medical Treatment Guidelines or InterQual criteria will be removed from the list.
- In July each year UR data for the previous year will be reviewed.
  - Twenty percent of Group A provider requests will be reviewed retrospectively to determine compliance to L&I policies.
  - UR data will be reviewed on all providers
- All providers whose status changes will be notified by letter.

What are the UR requirements for Group A providers?

Group A providers will be required to complete a notification request form (sample form included in this bulletin) for most outpatient surgeries and submit it to Qualis Health. The following information is required:

- Planned procedure, description and CPT codes
- Place of service
- Date or anticipated date of service
- Office contact name and phone number

What procedures always require traditional UR review?

- **All spine procedures and surgery for Thoracic Outlet Syndrome.**
- **All inpatient stays**
- Uncommon procedures
- Procedures where there are no guidelines or criteria
- Procedures with specific provider limitations
- Claims managers may request UR on complex cases or when there are multiple differing medical treatment recommendations or opinions.

All of the above require traditional UR procedures.

Definitions

Prospective Review

Prospective reviews are those conducted prior to the delivery of the services requested. Prospective reviews may be for inpatient or outpatient services.

Concurrent Review

Concurrent reviews are those performed while the worker is still hospitalized and services are being provided.

Retrospective Review

Retrospective reviews are performed after the requested service or procedure has already occurred and the worker has been discharged. Retrospective reviews may be inpatient or outpatient

Re-Review

A re-review occurs when a provider or claim manager requests Qualis Health to conduct an additional review after a recommendation for denial. Re-review may be requested during the initial review discussion or after claim manager decision. Re-review is performed by a matched specialty physician.

Group A Provider

Group A providers are those providers with 100% UR approval recommendations when they performed 10 or more reviews during the one year review period.

How to request a review

To request a review for an inpatient hospitalization or an outpatient procedure that requires UR, please contact Qualis Health by one of the following modes of transmission:

- Web Qualis Health's preferred method of submitting UR requests is via a secure, internet application called iExchange. For more information or to schedule a training, please contact the Qualis Health web page at http://www.qualishealth.org/cm/washington-landi/web-based_um_request.cfm.

- Phone 800 541-2894
  206 366-3360
- Fax 877 665-0383 (toll free)
  206 366-3378

Review process description:

Once Qualis Health receives a request for a **prospective review** (see "Definitions" section) with all the necessary clinical information, a "notification number" will be assigned and the case forwarded to a nurse for review. The nurse will compare the clinical information to either the Department's Medical Treatment Guidelines or other criteria. After authorization by the claim manager the "notification number will become the Department's PA number.

Qualis Health will perform a **concurrent review** (see "Definitions" section) if continued hospitalization is required beyond the initial or subsequent recommended length of stay.

Qualis Health will perform a **retrospective review** (see "Definitions" section) in the same manner as a prospective review, only the patient will have already been discharged. .

Qualis Health will notify the provider when they have completed a review and submitted a recommendation to the Department. They inform the provider of the notification number and who to contact at the department for authorization.

If the clinical information supplied with the request does not meet the guidelines and/or the criteria, the Qualis review nurse will refer the request to a physician consultant for review. If the physician consultant can not recommend approval an offer to discuss the clinical information will be made to the requesting physician. Based on available information, the physician consultant will make a recommendation.

If the requesting physician disagrees with the recommendation for denial, a re-review may be requested. Re-review is performed by matched Specialty physicians.

How will Qualis Health handle non-initiated claims?

Qualis Health will review requests for treatment or procedures on non-initiated claims in the same manner as initiated claims. Physicians and facilities should follow the same UR process, however, L&I's determination will be delayed until the claim has been initiated and assigned to a claim manager. Decisions to proceed with appropriate medical care should be based on the providers' best clinical judgment and not on the status of the request.

How will the claims manager handle the request for surgery?

The claim manager will review the information and recommendation made by Qualis Health and will then decide whether to authorize or deny the request. **The claim manager will issue the final determination and inform the requesting provider.**

How do providers handle additions or changes to the CPT codes or Dates of Service.

- If the coding addition or change is for an inpatient review or for an outpatient procedure that has not yet occurred, please contact Qualis Health at 800 541-2894

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- If the code addition or change is for an outpatient procedure that has already occurred,
  - contact L&I, Office of the Medical Director at 360 902-6377 or
  - fax your request, including a copy of the operative report to 360 902-6328

Please be advised that payment for services provided, may be delayed if the CPT codes and/or dates of service do not match those in the UR request.

For additional Information:

Labor and Industries:

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Utilization Review Program Manager
Office of the Medical Director
360 902-5034
Durn235@lni.wa.gov

For Coding additions or changes
Lucille LaPalm
Occupational Nurse Consultant
360 902-6377

For questions regarding Medical Treatment Guidelines
LaVonda McCandless
Occupational Nurse Consultant
360 902-6163

Qualis Health

Lori Rice
Director of Workers' Compensation Services
Qualis Health
800 541-2894

The following web sites contain information on the Department's Utilization Review program and Qualis Health

www.lni.wa.gov/ClaimsIns/Providers/Treatment/UtilReview/default.asp

http://qualishealth.org/

WACs and RCWs

WAC 296-20-01002 Definitions (proper and necessary)
WAC 296-20-024 Utilization Management
WAC 296-20-075 Hospitalization

List of Outpatient Procedures Requiring UR

DIAGNOSTIC ARTHROSCOPIES	
	CPT Procedure Codes (Non-Hospital Provider)
Diagnostic arthroscopy of shoulder	29805
Diagnostic arthroscopy of elbow	29830
Diagnostic arthroscopy of wrist	29840
Diagnostic arthroscopy of knee	29870
Diagnostic arthroscopy of hip	29860
Unlisted procedure arthroscopy	29999

SURGICAL ARTHROSCOPIES	
	CPT Procedure Codes (Non-Hospital Provider)
Shoulder elbow	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826,29827 29834, 29835, 29836, 29837, 29838
Knee Hip	29871, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 27310,27315, 27320,27330-27365, 27390-27409, 27418-27495, 27580-27599 29861, 29862, 29863

SHOULDER SURGERIES	
	CPT Procedure Codes (Non-Hospital Provider)
Arthrotomies	23100, 23101, 23105 23106, 23107
Claviculectomies	23120, 23125 (partial/total)
Acromioplasty	23130
Ostectomy of the scapula	23190

Rotator cuff repair	23410, 23412 (acute/chronic)
Repair of shoulder	23420
Coracoacromial ligament release	23415
Biceps tendon repair	23430, 24342
Biceps tendon resection	23440
Repair shoulder capsule	23450, 23460 23462, 23465, 23466
Bankart shoulder repair	23455
Open treatment dislocation	23550, 23552
Rib Resection for TOS	21600, 21615,21616, 21700 21705, 21899, 64713, 64708
Unlisted procedure, shoulder	23929
NEUROPLASTIES	
	CPT Procedure Codes (Non-Hospital Provider)
Revise ulnar nerve at elbow	64718
Revise ulnar nerve at wrist	64719
Carpal tunnel surgery	64721
Wrist endoscopy or surgery	29848
SPINE SURGERIES	
	CPT Procedure Codes (Non-Hospital Provider)
Laminectomies/ Diskectomies	63001-63308 63707, 63709, 64999
Arthrodesis of spine Instrumentation	22548-22819 22830-22855
Facet Neurotomy	64622, 64623, 64626, 64627

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Group A Providers

OUTPATIENT PROCEDURE NOTIFICATION

****NOTE: Certain procedures are excluded from this study. Please see provider bulletin for details.**

Patient Information

Name: _____ Claim #: _____

Date of Birth: _____ Date of Injury: _____ Social Security #:_____

Requesting Physician Information

Physician: _____ L&I Provider #: _____

Office Contact: _____

Office Phone #: _____ Office Fax #: _____

Date of Service: _____

Facility Name: _____ L&I Provider #: _____

Facility Phone #: _____

Procedure Information – SIDE OF BODY {Circle one: Right Left Bilateral}

ICD9-CM Primary Diagnosis Code: _____ CPT Code(s): _____

Procedure Description: _____

Please phone in this information to:
LOCAL PHONE: 206-364-9700 TOLL FREE PHONE: 800-541-2894

Or fax the completed form to:
LOCAL FAX: 206-366-3378 TOLL FREE FAX: 877-665-0383

Or mail the completed form to:
Qualis Health
P.O. Box 33400
10700 Meridian Ave. N, Suite 100
Seattle, Washington 98133-9075

QUALIS HEALTH
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REQUEST FOR REVIEW FORM

TYPE OF REVIEW:
INPATIENT, OUTPATIENT, RETRO,
RE-REVIEW (EXPEDITED, STANDARD)
(Please circle the appropriate one)

Patient Information

Name: _____ Claim #: _____

Date of Birth: _____ Date of Injury: _____ Social Security #:_____

Requesting Physician Information

Physician: _____ L&I Provider #: _____

Office Contact: _____

Office Phone #: _____ Office Fax # _____

Best time for Qualis Health to contact the physician: _____

Dates of Service: _____Requested Length of Stay: _____

Facility Name: _____ L&I Provider #: _____

Facility Phone #: _____

Procedure Information – SIDE OF BODY: Right OR Left
LEVEL OF SPINE _____

ICD9-CM Diagnosis Code: _____ CPT Code(s): _____

Procedure Description _____

Indications for Surgery_____

_____

_____

_____

_____

Chart notes attached: Y / N (Please circle one) _____ **Number of Pages:**

Please fax this form to
Qualis Health at (877) 665-0383
or mail to: P.O. Box 33400
10700 Meridian Ave. N, Suite 100
Seattle, Washington 98133-9075